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The Gazette of Puducherry

PART - II

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(15 Pausa 1937)

GOVERNMENT OF PUDUCHERRY WOMEN AND CHILD DEVELOPMENT SECRETARIAT

[G.O. Ms. No. 22/2015-WCD(SW-IV)/2414, dated 23rd December 2015]

NOTIFICATION

The Lieutenant-Governor of Puducherry is pleased to notify the “Financial Assistance to HIV/AIDS Affected People Rules, 2015”, for implementation in the Union territory of Puducherry, as detailed in the Annexure.

2. This issues with the concurrence of the Finance Department *vide* their U.O. No. 2820/F5/A2, dated 1-12-2015.

(By order of the Lieutenant-Governor)

M. GUNASEKARAN,
Under Secretary to Government (WCD).

**RULES FOR THE “FINANCIAL ASSISTANCE TO
HIV/AIDS AFFECTED PEOPLE”**

1. *Short title, application and commencement.*— (1) These rules may be called the “Financial Assistance to HIV/AIDS affected people Rules, 2015.”

(2) They shall apply to the whole of the Union territory of Puducherry.

(3) They shall come into force on and from the date of their publication in the Official Gazette.

2. *Definitions.*— In these rules, unless the context otherwise requires:-

(a) “Appellate Authority” means the Secretary to Government in-charge of the Department;

(b) “Assistance” means the financial assistance granted under these rules;

(c) “Director” means the Director to Government in-charge of the Department;

(d) “HIV/AIDS Affected People” means a person who is infected by HIV/affected by AIDS taking treatment in the ART (Anti Retroviral Therapy) Centre, who cannot be rehabilitated otherwise than by grant of financial assistance under these rules.

(e) “Form” means a form appended to these rules;

(f) “Government” means the Administrator of the Union territory of Puducherry appointed under Article 239 of the Constitution of India;

(g) “Sanctioning Authority” means the Director of Women and Child Development;

(h) “Union Territory” means the Union territory of Puducherry.

3. *Grant of financial assistance.*— Subject to the provision of Rule 4, assistance may be granted to a person affected by HIV/AIDS of an amount of ₹ 1,500 per month up to 59 years of age, ₹ 2,000 between the age group 60-79 and ₹ 3,000 for 80 years and above.

(i) Eligibility :

A person affected by HIV/AIDS shall satisfy the following requirements for eligibility for assistance, namely:-

(a) He/She/Transgender must be a resident of Union territory of Puducherry at the time of making application for the grant of assistance;

(b) He/She/Transgender should be a registrant in the ART Centre, IGMCI and RI, Puducherry/Link ART Centre JIPMER in respect of Puducherry region, ART Centre, Nagapattinam in respect of Karaikal region, ART Centre, Calicut in respect of Mahe region, ART Centre, Kakinada in respect of Yanam region and taking regular treatment and any other ART/Link ART Centres to be established in future in the Union territory of Puducherry.

(ii) Tenure of the grant:

(a) Assistance to the person affected by HIV/AIDS once sanctioned will be tenable for the period for which the recipient is alive or for 10 years whichever is earlier subject, however, to renewal if the person affected by HIV/AIDS is alive beyond the period of 10 years and continues to satisfy the conditions of eligibility specified in paragraph-4 :

Provided that nothing in this rule shall preclude the sanctioning authority from reviewing at any time the case of the person affected by HIV/AIDS under any changed circumstances arising subsequent to the sanctioning of the assistance and withdraw or reduce the quantum of assistance :

Provided further that the person affected by HIV/AIDS or his/her parent or guardian, as the case may be and shall be given an opportunity of being heard before the assistance is withdrawn or reduced.

(b) If the grantee dies before receiving the assistance for any period, the same shall lapse.

4. How to apply:

(1) The application for assistance shall be made in Form-I by the person affected by HIV/AIDS or by either of his/her parent or guardian, if the applicant is minor or mentally retarded person or a spastic child.

(2) Application forms can be had from the Department of Women and Child Development for Puducherry region, from the Deputy Director, Karaikal region, from the Welfare Officer, for Mahe and Yanam regions respectively or can be downloaded from the Department of Women and Child Development website.

(3) The filled in applications shall be submitted direct to the respective officers noted at sub-paragraph (2) above by whom the applications were issued.

(4) The applications shall be submitted along with the following certificates:

(a) Registration/Treatment certificate issued by the ART Medical Officer concerned.

(b) Any one of the following for residence proof—

Voter's Identity Card

Family Ration Card

Passport

Driving Licence

Certificate issued by NGO/Gazetted Officer

5. Scrutiny of application:

On receipt of the application, the respective ART Medical Officer/ Link ART Centre will scrutinize the application, verify the registration at their Centres and forward the application to the respective Medical Superintendent/Deputy Director attached to Government General Hospitals together with their recommendations for Countersignature by the respective authorities as detailed below:

Region	Recommending Authority	Countersigning Authority
(1)	(2)	(3)
Puducherry	The Medical Officer I/c, ART Centre, IGMC&RI, Puducherry.	The Medical Superintendent IGMC&RI Puducherry.
	The Professor of Medicine I/c, of ART Centre, JIPMER.	The Medical Superintendent, JIPMER.
Karaikal	The Medical Officer I/c, ART Centre, Nagapattinam.	The Medical Superintendent, Government General Hospital, Karaikal.

(1)	(2)	(3)
Mahe	The Medical Officer I/c, ART Centre, Calicut.	Deputy Director, Government General Hospital, Mahe.
Yanam	The Medical Officer I/c, ART Centre, Kakinada.	Deputy Director, Government General Hospital, Yanam.

The countersigned application will then be forwarded to the Director, Department of Women and Child Development, Puducherry through Project Director, PACS for sanction of relief. The Medical Officer (I/c) of the ART/Link ART Centre shall have to submit monthly report containing the details of persons affected by HIV/AIDS to the Director, Department of Women and Child Development, Puducherry.

6. Sanction of assistance.-

After having satisfied that the applicant is eligible for the assistance under these rules, the Director, Department of Women and Child Development, Puducherry may sanction the assistance to the applicant.

7. Mode of payment.-

The monthly payment shall be directly deposited with the Bank account of the beneficiary. The assistance shall become due for payment only on the expiry of the month to which it relates and the amount of assistance shall become payable from the first of the month in which it is sanctioned.

8. Intimation of change of address.-

It shall be obligatory for a grantee of assistance to intimate any change of address to the respective Medical Officer, ART Centre/Link ART Centre. The person shifting to a place outside the Union Territory for a period exceeding three months shall not be eligible for the assistance. The order sanctioning assistance shall be cancelled if the grantee is absent from the Union Territory for more than three consecutive months.

Provided that, if the grantee returns to the Union Territory at any time and continues to reside in the Union Territory, the Director, Department of Women and Child Development, Puducherry may revive the payment of assistance after due verification of the facts relevant to the continuance of the assistance and the arrear of assistance shall also be paid in such cases subject to a maximum of three months.

9. Cancellation.-

Notwithstanding anything contained in rule 5, the Director, Department of Women and Child Development, Puducherry may cancel the sanction issued for grant of assistance and stop the payment of assistance, if at any stage, it is found that it was sanctioned on a mistaken ground or on false information and recover the entire amount of assistance paid to the grantee till such cancellation.

10. Power of supervision.-

(i) The Director, Department of Women and Child Development, Puducherry shall ensure that the provisions of these rules are strictly complied with and is competent to issue instructions subject to which the assistance should be granted or continued and the person affected by HIV/AIDS or his/her parent or guardian shall be bound by such instructions.

(ii) Where it appears that a parent or guardian of the person affected by HIV/AIDS does not look after the person affected by HIV/AIDS, the Director, Department of Women and Child Development, Puducherry may suspend payment of assistance until alternative arrangements are made for the care and support of the person affected by HIV/AIDS whereafter, the entire assistance withheld may be released in favour of the person affected by HIV/AIDS.

11. Appeal.-

(i) Any person aggrieved by any decision or order of the Director, Department of Women and Child Development, Puducherry under these rules, may file and appeal to the Appellate Authority, whose decision on the appeal shall be final.

(ii) The appeal under sub-rule(1) shall be filed within three months from the date of the decision or order appealed against.

Provided that the Appellate Authority may entertain an appeal after the expiry of the said period of three months on sufficient grounds being shown by the applicant as to why he/she was precluded from filing an appeal within the specified period.

12. Interpretation.-

If any doubt arises as to the interpretation of these rules, the matter should be referred to the Secretary to Government and the decision of the Secretary shall be the final.

ANNEXURE

FORM-1APPLICATION FORM FOR THE GRANT OF FINANCIAL
ASSISTANCE TO HIV/AIDS AFFECTED PEOPLE

Photograph

1. Name of applicant :
2. Name of the parent/guardian :
3. Permanent address :
4. Age :
5. Registration No., date and name of the :
ART Centre, where the treatment is taken.
6. Sex :
7. Nationality :
8. Whether Native of Union territory of :
Puducherry.
9. Details of persons legally liable to :
maintain the applicant.
10. Details of Bank Account held- :
Account No. :
Type of Account :
Name of the Bank :
Branch :

*Signature/Thumb-impression
of the applicant.*

RECOMMENDATION OF MEDICAL BOARD
Recommended / Rejected

Medical Officer (I/c)
of ART Centre/Link ART Centre

/Countersigned/

Medical Superintendent, IGMC and RI/JIPMER, Puducherry/
Government General Hospital, Karaikal/Deputy Director, Government
General Hospital, Mahe/Yanam.
